

**Service Coordination Assessment —
Intellectual Disability Services**

Name	Case No.	Area Code and Telephone No.
Address (Street, City, State, ZIP Code)		

Instructions: In accordance with 40 TAC §2.555 of Chapter 2, Subchapter L, governing Service Coordination for Individuals with Mental Retardation, if an individual is eligible for service coordination and the individual or legally authorized representative (LAR) or actively involved person desires service coordination, then the local authority (LA) must use the Service Coordination Assessment – Intellectual Disability Services form to determine the individual's need for service coordination.

Determining Unmet Outcomes: Rate each unmet outcome as identified by the individual and/or LAR according to the following scale:

- 5 = Life threatening or significantly impacts the physical or emotional health and/or safety of the individual (the individual may not desire a change, but the screener has noticed an area that raises great concern and should be monitored in case the issue becomes life threatening)
- 4 = High involvement desired/needed to achieve outcomes
- 3 = Moderate involvement desired/needed to achieve outcomes
- 2 = Minimal involvement desired/needed to achieve outcomes
- 1 = No involvement desired; outcomes met

Rating Outcomes

_____ **Living Environment:** For example, desires a change in living environment, desires increased access to community resources, desires assistance in modifying living environment to meet health, safety or physical needs.

Explain: _____

_____ **Financial Security:** For example, desires sufficient income to meet needs, desires sufficient insurance to increase security, desires sufficient skills for managing financial resources, desires increased access to finances.

Explain: _____

_____ **Physical/Emotional/Behavioral Health Considerations:** For example, desires increased access to health care services; desires assistance with specific medical/physical needs or conditions; desires assistance with decreasing use of substances, self-injurious, aggressive or assaultive behavior, stealing or destroying property, wandering or running away.

Explain: _____

_____ **Daily Living Skills:** For example, desires assistance to perform basic living skills, such as cooking, laundry, household management, grooming and hygiene care, toileting, recognizing safety signs, reading, writing and communication.

Explain: _____

_____ **Work/School:** For example, desires vocational training/employment, requests assistance in changing employment, requests assistance with work or school-related issues, desires volunteer work, desires assistance in transitioning from school to vocational training/ employment.

Explain: _____

Relationships: For example, desires friends, intimate relationships and/or natural supports networks; desires assistance with identified significant other/family stressors.

Explain: _____

Social Inclusions: For example, desires to participate in the life of the community, to interact with other members of the community, and perform different social roles.

Explain: _____

Rights/Legal Status: For example, desires assistance in understanding and exercising his/her rights; desires assistance in civil, criminal, competency and guardianship issues; requests assistance in freedom from abuse/neglect issues.

Explain: _____

Other Desired Outcomes:

Explain: _____

Determining Level of Service Coordination (check one)

- ☐ **High Need for Service Coordination:** Has at least one unmet outcome with a rating of 5 or 4
- ☐ **Moderate Need for Service Coordination:** Has no unmet outcomes with a rating of 5 or 4 **and** has at least one unmet outcome with a rating of 3
- ☐ **Low Need for Service Coordination:** Has no unmet outcomes with a rating of 5, 4 or 3 **and** has at least one unmet outcome with a rating of 2
- ☐ **No Service Coordination Desired:** Has no unmet outcomes with a rating of 5, 4, 3 or 2

Signature of Screener

Title of Screener

Date of Screening

Assignment Status:

Signature of Screener

Title of Screener

Date of Screening

Person is assigned to service coordination at recommended level.

Name of Person to Provide Service Coordination

Date of Assignment